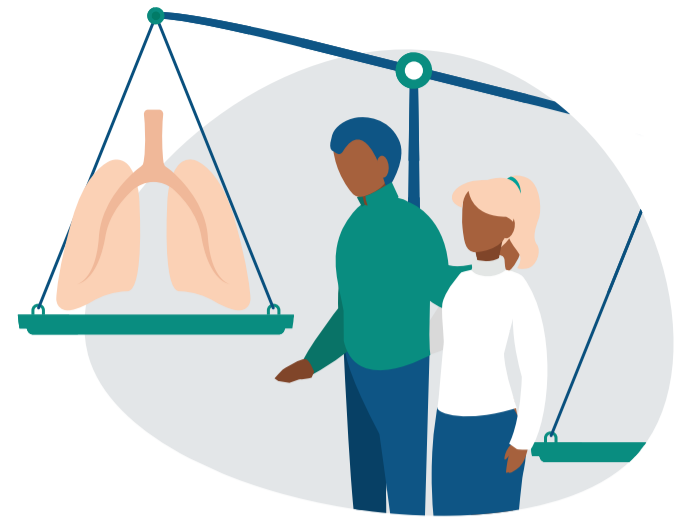
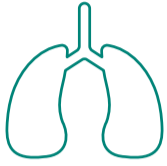


Targeted LDCT screening can help address underlying health inequalities in lung cancer

Lung cancer disproportionately affects people with a lower socioeconomic position



Lung cancer is responsible for the **greatest inequalities in cancer deaths** related to socioeconomic position, both between and within countries.¹⁻³



Socioeconomic inequalities result in **significant gaps in survival, outcomes and quality of life** for people diagnosed with lung cancer.²⁻⁴

Ensuring access to targeted low-dose computed tomography (LDCT) screening would help address health inequalities in lung cancer

Inequalities experienced	✓ Opportunities to address these through screening
<p>Greater exposure to risk factors for lung cancer and related conditions (comorbidities)</p> <p>✓ Targeted screening uses an understanding of risk factors to inform whom should be offered screening</p>	<p>Physical, financial, informational, social or cultural barriers to accessing health services^{5 6}</p> <p>✓ Flexible models of screening can address barriers to screening (e.g. mobile CT brings screening to underserved communities)</p>
<p>Lower health literacy and/or limited contact with health services</p> <p>✓ Screening provides an opportunity to engage a high-risk population with health information and services such as smoking cessation</p>	<p>Later-stage presentation with symptoms</p> <p>✓ Screening addresses low awareness of lung cancer as it detects lung cancer before symptoms start to show</p>
<p>Lower treatment rates, fewer options for treatment, poorer quality of life and survival</p> <p>✓ Screening enables early detection of lung cancer, improving survival and offering more options for potentially curative treatment (e.g. surgery)</p>	<p>The impact of LDCT screening would be maximised by securing the attendance of groups who are at a high risk</p> <p>Designing tailored approaches to help secure participation from high-risk groups is needed to promote greater health equity.⁷⁻⁹</p>

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